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**** CONTINUING DATA ******* *None*

**** FOREIGN APPLICATIONS ******* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 04/27/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 7
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Verified and Acknowledged
 Examiner's Signature *PS* Initials

ADDRESS
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TITLE
Methimazole derivatives and tautomeric cyclic thiones to inhibit cell adhesion

FILING FEE RECEIVED 1604	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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